

PLEASURE TO MEET YOU. WELCOME TO



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

You May Refuse to Sign This Acknowledgment

I, \_\_\_\_\_, have received a copy of the NOTICE OF PRIVACY PRACTICES. I hereby authorize you to share / disclose my health information with the following persons / parties:

PRINT NAME(S): \_\_\_\_\_

Signature of Patient Signature of Guardian Date

If you are the legal representative of the patient, please print the patient's name(s) and describe your authority / relationship.

\_\_\_\_\_

OFFICE USE ONLY

As privacy officer, I attempted to obtain the patient's (or representative's) signature on this ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES document, but did not because:

- The patient was unable to sign because
The patient refused to sign
I could not communicate with the patient
It was emergency treatment